
Annual Reports

Population Council Newsletters

2014

Big Ideas: Annual Report 2013

Population Council

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Big Ideas

For more than 60 years, the Population Council has addressed global health and development challenges by generating new ideas, creating and testing strategies, evaluating their impact, and delivering solutions.

Big ideas supported by evidence: It's our model for global change.



**POPULATION
COUNCIL**

Ideas. Evidence. Impact.

A hand with fingers spread, reaching out from the right side of the frame. The background is a soft-focus outdoor scene with a building and a clear sky.

→ 2013 ANNUAL REPORT

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→ **On the cover** The Council develops and evaluates initiatives to protect the health and lives of pregnant women, new mothers, and their babies.

→ **This page** The Council's *Biruh Tesfa* program in Ethiopia reached more than 63,000 out-of-school girls in the slums of Addis Ababa with HIV information, non-formal education, and links to health services. Girls enrolled in *Biruh Tesfa* were twice as likely as unenrolled girls to know how HIV is transmitted and where to get voluntary HIV counseling and testing, and to want to be tested. Now the Ethiopian government and local nongovernmental organizations are expanding the program nationally.

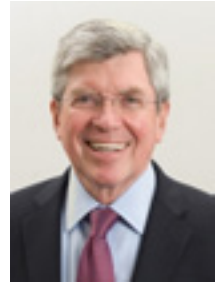


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PETER J. DONALDSON

Ideas. Evidence. Impact. It's our model for global change.

“What matters is generating innovative ideas about how to improve health and advance development; gathering evidence; and delivering solutions that improve people’s lives.”

I recently passed the headquarters of Yakabox, a Frederick, Maryland, software company specializing in knowledge management. I was captivated by a sign in their second-floor window: “Do stuff that matters.” For me, the sign describes the Population Council. We do stuff that matters. In the Council's case, what matters is generating innovative ideas about how to improve health and advance development; gathering evidence; and delivering solutions that improve people's lives.

I started my career with the Population Council in Bangkok in the summer of 1973, and at the end of 2014 I will retire.

When I first landed a position with the Council, I was overjoyed. I was a rookie on an all-star team of public health and social science experts who were changing the way the world thought about population, health, and development issues.

When I joined the Council, a staff member in Bangkok and several of his Thai colleagues had an idea about how to improve the delivery of family planning

services. They believed that auxiliary nurse midwives could safely provide oral contraceptives. They launched a pilot program and gathered evidence, which supported their hypothesis. Their research transformed the delivery of reproductive health services in Thailand. Services at rural health centers were enhanced by the addition of auxiliary nurse midwives, and access to reproductive health care increased markedly. This innovation, now almost universally practiced, had its roots in Thailand's Ministry of Public Health and with a Population Council public health researcher.

We continue to offer innovative solutions to complex delivery system problems. We have studied the use of vouchers to increase access to health services and examined ways police departments can improve services for victims of gender-based violence.

In the 1970s, the average Thai woman had almost six children; her life expectancy was about 55 years. Today, female life expectancy is in the high 70s and fertility is below replacement. Maternal mortality has plummeted. Investments in children increased as family size declined; educational attainment skyrocketed; female labor force participation rose; and household income increased. A variety of factors caused these changes: sound government policies and their effective implementation, a successful private sector, strong markets, and dedicated nongovernmental organizations (NGOs). The Population Council played an important supporting role in this revolution.

There are many other examples in the Council's history of generating ideas, gathering evidence, and delivering impact. We are widely known for our contraceptive develop-



→ Many development indicators have improved in Thailand, because of improvements in the delivery of reproductive health services.



→ The Population Council is a leading developer of long-acting, reversible contraception and HIV-prevention products.

ment. Our biomedical labs have produced highly effective, long-acting, reversible contraceptives used by millions of women, including the Jadelle® contraceptive implant and the Copper T IUD. Population Council Distinguished Scholar Anrudh Jain recently estimated the impact of Copper T use. He concluded that since 1988, when the device first became widely available, between 80 and 104 million devices have been used in developing countries, excluding China. He estimates these devices averted millions of unintended pregnancies and saved hundreds of thousands of mothers' lives.

Continuing in that tradition, we will soon submit a New Drug Application to the U.S. Food and Drug Administration for a one-year contraceptive vaginal ring. If approved, the ring will expand contraceptive choice, offering women a unique option for a long-acting,

reversible contraceptive method that is under their control. We are also evaluating ways of making the provision of reproductive health and family planning services more equitable, comprehensive, and cost-effective.

Another important Council contribution is our work making the case for girls' programs. Until the 1990s, little was known about the health or the social and economic circumstances of girls in developing countries. Research on adolescence focused on premarital sex and pregnancy, but few policies or programs were designed to support girls. In the early 1990s, Council researchers began documenting the unique and typically overlooked needs of adolescent girls. We identified the factors that underpin adolescent girls' health and well-being and brought our findings to the attention of policymakers, program managers, and advocates.



→ The Population Council's BALIKA project in rural Bangladesh is a randomized, controlled trial evaluating approaches to preventing child marriage and improving life opportunities for girls.

Our research has shaped the approach of many other organizations aimed at addressing girls' needs and ending child marriage. Early marriage is now a priority area for the United Nations Population Fund; our work set the stage for the World Bank's Adolescent Girls' Initiative. Successful Council programs for vulnerable adolescent girls are being brought to national scale by the Ethiopian government. Today, the Council supports the world's largest body of research on programs to improve the lives of adolescent girls in developing countries. We are studying ways to improve girls' lives in Bangladesh, Burkina Faso, Egypt, Ethiopia, Guatemala, India, Kenya, Nigeria, Tanzania, and Zambia, and advising governments and organizations in additional countries.

“In the early 1990s, Council researchers began documenting the unique and typically overlooked needs of adolescent girls. We tried to identify the factors that underpin health and wellbeing and then bring our findings to the attention of policymakers, program managers, and advocates.”

→ The work of the Population Council has saved the lives of hundreds of thousands of women.



Lasting change is seldom triggered by a single study. Having an impact typically requires a substantial body of information and analysis. Impact requires close collaboration between researchers and policy and program partners. And immense dedication. For more than 60 years, the Council has worked around the world to generate ideas, gather evidence, and deliver solutions that have an impact.

We have been part of huge accomplishments since our founding, but challenges remain. For example, many countries have seen an emergence of conservative forces that want to limit basic human rights. A law passed recently in Nigeria prohibits gay and lesbian citizens from gathering and organizing. Uganda toughened penalties for homosexual behavior, already illegal in that country. Such laws jeopardize public health. They make it even harder to reach populations with the highest risk of HIV infection with prevention, care, and treatment services.

But we are determined. The Council was among the first organizations to document the size and HIV prevalence and incidence rates of populations in Africa with the highest risk of HIV. Our work in Kenya resulted in the first regional East African conference on the health needs of men who have sex with men, and we conducted the first study in India to document the sexual and drug-related HIV risks of people who inject drugs. Today, our work continues to fill knowledge gaps that compromise the success of HIV-prevention efforts and helps to inform international dialogue in ways that protect health and advance rights.

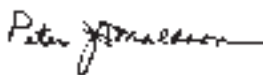
We are able to face challenges and make an impact because of the quality of our staff, the support of generous donors and dedicated trustees, and—most important—fruitful partnerships with governments and nongovernmental organizations around the world and with committed, thoughtful, energetic professionals who share our vision.

“Our approach is to focus on what we do best: develop new ideas, collect evidence to evaluate our thinking, and work with partners to promote positive change.”

This annual report presents some of our recent successes and our plans for the future.

For 40 years I have been dazzled by the work that my colleagues and our partners have done and the way that work has helped change the world for the better. I enjoy my job very much, but great institutions benefit from leadership changes. After ten years at the helm of this organization, it is an apt time to pass the baton to the next generation.

As I prepare to leave, I am convinced that our work matters and has made a difference; we have improved health, saved lives, and advanced development.



Peter J. Donaldson
President

→ Ideas. Evidence. Impact.

The Population Council conducts research and delivers solutions to improve lives around the world.

→ Tackling tough challenges

The Population Council's Poverty, Gender, and Youth program seeks to understand and address the disparities in opportunity that arise during adolescence, the critical requirements for reaching a successful, productive adulthood, the causes and consequences of gender inequality, and the social dimensions of poverty in developing countries.

Our HIV and AIDS program is devoted to understanding and slowing the spread of the HIV epidemic. Through biomedical and behavioral research, we expand access to innovative and effective products and services, with a focus on the hardest-to-reach, most marginalized populations.

Our Reproductive Health program strives to improve sexual and reproductive health, especially for vulnerable people in developing countries. We help individuals to achieve their family planning and reproductive health goals through improvements in technologies and services. We work to reduce maternal mortality and morbidity and to improve equity and quality in the delivery of care.

Established in 1952, the Population Council is governed by an international board of trustees. Its New York headquarters supports a global network of country offices. The Council staff consists of more than 575 women and men from over 30 countries. More than 60 percent work in our international offices. Council staff members conduct research and carry out programs in 50 countries.

→ Delivering solutions

Population Council staff identify consequential health and development problems; work with developing-country partners to design, implement, and evaluate programs to address these challenges; conduct biomedical research to develop new contraceptives and microbicides; inform policymakers, program managers, the scientific community, and the public about the results of our research; participate with governments and nongovernmental organizations to expand successful pilot programs and to improve large-scale programs; and collaborate with pharmaceutical companies to ensure that our products are available and affordable to the poorest and most vulnerable people worldwide.

The activities highlighted on pages 10–19 represent some of our most significant accomplishments in 2013.



→ Sharing knowledge

The Population Council publishes two widely read and influential peer-reviewed scientific journals: *Population and Development Review* and *Studies in Family Planning*. The Council also maintains a website and produces and disseminates books, working papers, newsletters, reports, slide shows, software, and toolkits. Search our research and publications at popcouncil.org/research.

→ Improving programs

The Population Council's work does not end with conducting research. We strive to ensure that our findings are translated into concrete improvements in policies and programs. We provide technical assistance to strengthen national programs, and we offer expertise in ex-

panding effective and sustainable interventions, implementing systems to monitor and evaluate projects, and finding innovative ways to pay for the costs of care.

→ Strengthening technical expertise

The Population Council helps to improve the skills and knowledge of biomedical, public health, and social science researchers in developing countries through grants, fellowships, apprenticeships, and support to research centers. The Council's fellowship programs have helped advance the careers of thousands of social and biomedical scientists, public health researchers, and program managers, many of whom have gone on to hold leadership positions. In 2013, we supported 25 fellows.

→ Forming partnerships

Achieving our ambitious mission is only possible in partnership with governments, universities, foundations, pharmaceutical companies, public and private health networks, hospitals, research centers, nongovernmental organizations, and individuals from around the world. These partnerships represent one of the most influential ways in which we improve services and create lasting change. Through our partnerships, we support sound practices and efforts to increase the scope of highly effective programs.

Pakistan's future security and prosperity depend upon the health of its people and the country's ability to prepare its young and growing population for a global economy.

The Population Council published two influential reports that renewed dialogue and prompted action on vital health and development opportunities in Pakistan.

→ The Council and the United Nations Population Fund (UNFPA) published [Capturing the Demographic Dividend in Pakistan](#), which calls for investments in education, particularly girls' primary education; family planning; and job creation to take advantage of a favorable population age structure and enhance economic growth. The report has been embraced by high-level policymakers, who have called for re-examining the population and development debate through the lens of the demographic dividend.



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CAPTURINGDEMODIVPAK.PDF

→ With the Guttmacher Institute, the Council released "[Post-abortion care in Pakistan: A national study](#)," which found that hundreds of thousands of abortion-related complications occur in that country each year. The report provided recommendations for improving post-abortion care, expanding access to high-quality and affordable family planning services, and building capacity among health care providers. The study was funded by the Research and Advocacy Fund, the UK Department for International Development, and the Australian Agency for International Development.



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New investments in family planning can improve health and increase economic opportunity for women and girls.

The Population Council continued its leadership in the global effort to provide 120 million more women and girls with access to voluntary family planning information, contraceptives, and services by 2020, known as FP2020.

→ **Intellectual leadership.** The Council published *The Unfinished Agenda to Meet FP2020 Goals: 12 Actions to Fill Critical Evidence Gaps*, by Council researchers Ian Askew and Martha Brady. The book summarizes existing information and highlights areas where more evidence is needed to guide FP2020 efforts to increase contraceptive access and choice and improve equity.



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→ **Leading and supporting FP2020 efforts.**

At the International Conference on Family Planning in Addis Ababa, Ethiopia, the Council convened two high-level gatherings of donor governments, researchers, international health organizations, advocacy groups, and pharmaceutical companies to think creatively about the road forward for FP2020. **Co-led by Zeba Sathar, Population Council Pakistan country director, the FP2020 Performance Monitoring and Accountability Working Group facilitates the collection, analysis, and use of the data needed to measure the progress of FP2020.** The working group ensures accountability for implementing the financial, policy, and program commitments made by governments, donors, NGOs, and others. Many other Council professionals are also involved in supporting and ensuring the success of FP2020.



Achieving an AIDS-free future requires addressing the HIV vulnerability of people with disabilities.

The Council-led HIVCore project conducted one of the first investigations of HIV services for people with disabilities in Ghana, Uganda, and Zambia. The findings raised awareness among government policymakers and provided crucial evidence for program development and evaluation.

→ Persons with disabilities experience greater sexual vulnerability to HIV. They are more frequently exposed to sexual abuse and—because they have fewer options for sexual partners—they often have sexual partners who pose a higher risk of HIV infection. Moreover, many people with disabilities have limited or no access to HIV prevention, care, and treatment services.

The Council-led, USAID-funded research found that access is limited by physical, transportation, and communication barriers, stigma toward persons with disabilities,

and lack of providers trained to work with people with disabilities. Many people with disabilities do not have access to condoms or do not know how to use them. Based on input collected in the research, efforts to raise awareness, address stigma, and make physical adaptations could increase access and reduce vulnerability.



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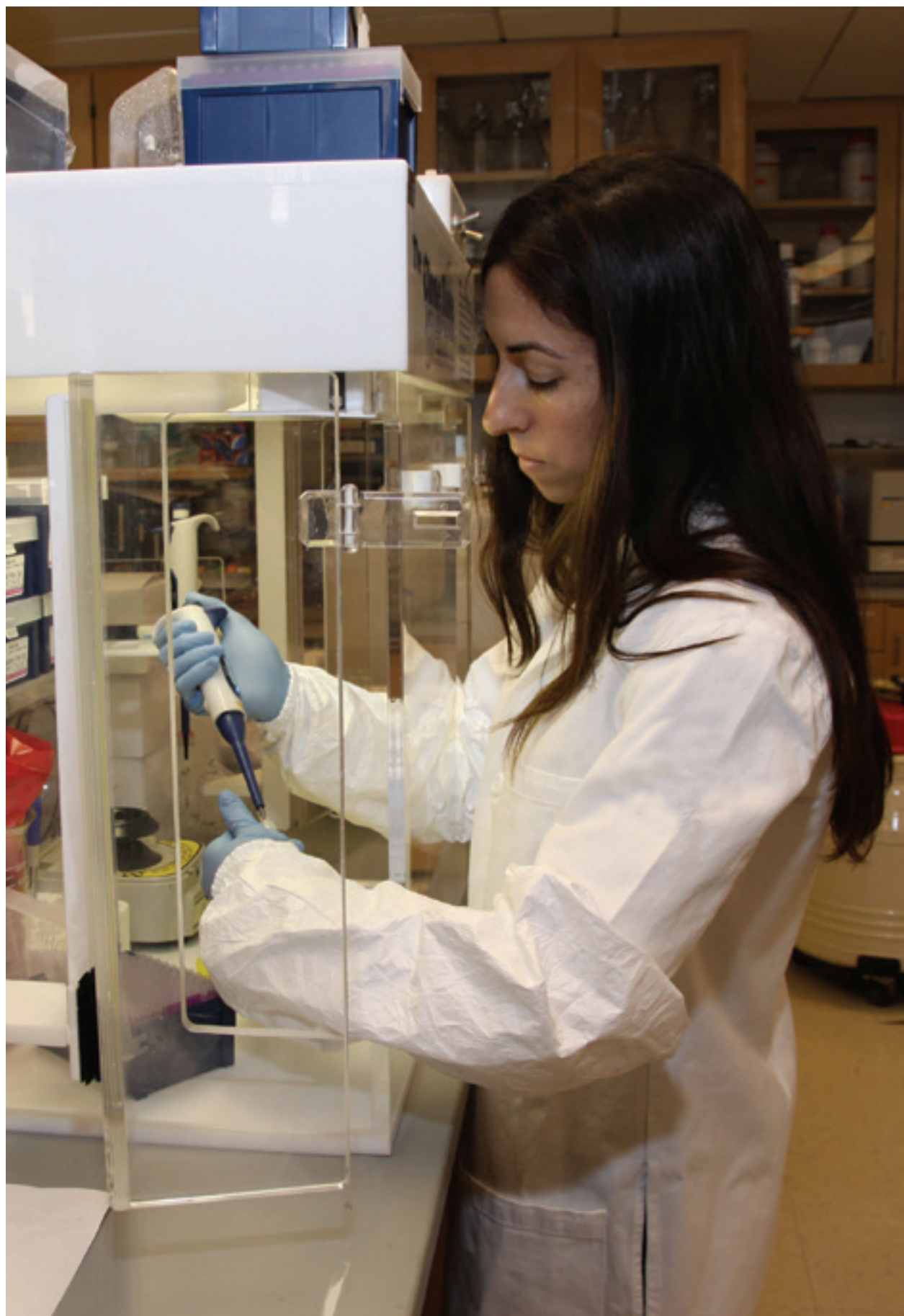


Despite progress, nearly 6,300 people become infected with HIV every day—that's 262 every hour. New prevention methods are urgently needed.

In 2013, the Population Council worked toward the goal of an AIDS-free future by continuing development of the next generation of HIV-prevention products and by conducting research to identify and overcome barriers to successful microbicide clinical trials.

→ **The Council is developing the next generation of microbicides—broad-spectrum products used in the vagina or rectum to protect against HIV and other sexually transmitted infections.** Using novel agents, the Council's microbicides—provided via gels, rings, and nanofiber-based delivery systems—will make vital contributions to global public health.

Several candidate microbicides have been tested over the past two decades. Yet the results of clinical trials have been largely disappointing. One reason for this has little to do with product efficacy; trial participants may not be using products correctly and consistently. Council researchers are developing and testing strategies to support correct use. A 2013 paper, co-authored by the Council, presented the state of the art for future trials, and for when microbicides are available for general use.



The Population Council examined the social and economic determinants of migration by adolescent girls in developing countries and identified the links among migration, risk, and opportunity.

We published our results in *Girls on the Move: Adolescent Girls & Migration in the Developing World*, the first report of its kind.

→ ***Girls on the Move* challenged conventional wisdom.** We found that, while migration can be risky, for the majority of girls who migrate it can also lead to autonomy, opportunity, and economic stability—provided that necessary safety nets and resources are in place.

The authors have presented their findings to the U.S. government, the European Union, the United Nations, and the World Bank.

The report, part of the Girls Count series (an initiative of the Coalition for Adolescent Girls), was named by the Guardian Global Development Professionals Network as one of five reports that “made a mark” for girls in 2013. Support for the report was provided by the Nike Foundation and the UN Foundation.



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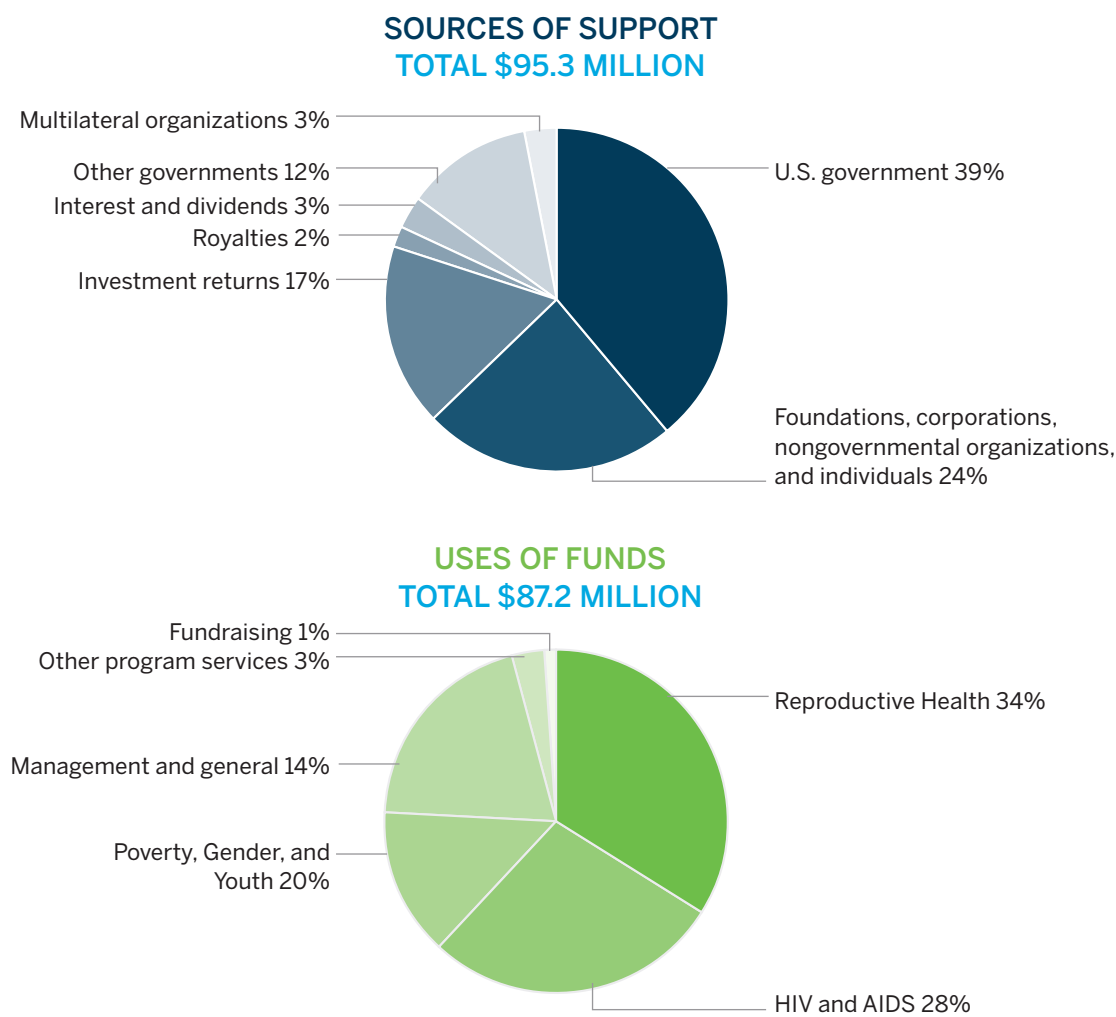


2013 FINANCIAL REPORT

We are pleased to report that the Population Council's revenue increased by more than 31 percent, from \$72.6 million in 2012 to \$95.3 million in 2013. This increase helps maintain the Council's financial health and ensures that we have the resources to continue our vital work.

The charts on this page provide details on the Council's sources of support and use of funds. The Council's program spending ratio, a key financial indicator, was 85 percent for fiscal 2013. For every dollar spent, 85 cents goes directly to research and program activities, demonstrating our prudent management and commitment to our mission.

We closely monitor the Council's financial status and remain committed to the fiscal discipline necessary to maintain our record of accomplishments. Readers interested in learning more about the Council's finances can consult <http://popcouncil.org/who/financials.asp>



STATEMENT OF ACTIVITIES (For the year ended December 31, 2013)

	Unrestricted			Restricted		
	General	The John D. Rockefeller 3rd		Temporarily	Permanently	
	undesignated	Memorial Fund and others	Total	restricted	restricted	Total
OPERATING REVENUE						
Grants and contributions	\$72,985,551	4,000	72,989,551	1,830,494	—	74,820,045
Royalties	2,234,709	—	2,234,709	—	—	2,234,709
Interest and dividends (net of \$188,459 investment fees)	4,033	1,997,320	2,001,353	419,293	—	2,420,646
Net appreciation (depreciation) in fair value of investments	(1,421)	13,268,395	13,266,974	2,514,956	—	15,781,930
Other	75,719	—	75,719	—	—	75,719
Net assets released from restrictions	6,339,254	—	6,339,254	(6,339,254)	—	—
TOTAL OPERATING REVENUE	81,637,845	15,269,715	96,907,560	(1,574,511)	—	95,333,049
OPERATING EXPENSES						
Program services						
HIV and AIDS	24,744,460	—	24,744,460	—	—	24,744,460
Poverty, Gender, and Youth	17,630,651	186,797	17,817,448	—	—	17,817,448
Reproductive Health	28,683,054	883,979	29,567,033	—	—	29,567,033
Distinguished Colleagues	237,168	—	237,168	—	—	237,168
Publications	1,636,905	—	1,636,905	—	—	1,636,905
TOTAL PROGRAM SERVICES	72,932,238	1,070,776	74,003,014	—	—	74,003,014
Supporting services						
Management and general	12,287,115	324,856	12,611,971	—	—	12,611,971
Fundraising	546,151	—	546,151	—	—	546,151
TOTAL SUPPORTING SERVICES	12,833,266	324,856	13,158,122	—	—	13,158,122
TOTAL OPERATING EXPENSES	85,765,504	1,395,632	87,161,136	—	—	87,161,136
(Deficiency) excess of operating revenue over operating expenses	(4,127,659)	13,874,083	9,746,424	(1,574,511)	—	8,171,913
Other changes in net assets						
Gain on lease obligation and other, net	189,546	—	189,546	—	—	189,546
Pension and other postretirement charges other than net periodic benefit cost	1,896,638	—	1,896,638	—	—	1,896,638
Transfer from endowments	3,323,069	(2,625,438)	697,631	(697,631)	—	—
INCREASE (DECREASE) IN NET ASSETS	1,281,594	11,248,645	12,530,239	(2,272,142)	—	10,258,097
NET ASSETS AT BEGINNING OF YEAR	4,146,820	74,015,933	78,162,753	15,500,163	5,485,776	99,148,692
NET ASSETS AT END OF YEAR	\$ 5,428,414	85,264,578	90,692,992	13,228,021	5,485,776	109,406,789

BALANCE SHEET (For the year ended December 31, 2013)

		TOTAL
ASSETS		
Cash and cash equivalents	\$	8,120,314
Grants and contributions receivable, net		
U.S. government agencies		5,441,378
Other		6,702,768
Other receivables		709,963
Prepaid expenses and other assets		2,260,470
Postretirement medical benefits trust		5,606,816
Investments		105,023,952
Fixed assets, net		5,458,490
TOTAL ASSETS		139,324,151
LIABILITIES AND NET ASSETS		
Liabilities		
Accounts payable, accrued expenses, and other liabilities		\$6,394,104
Awards, contracts, and fellowships payable		3,326,091
Program advances		11,418,681
Deferred rent credit		542,599
Accrued lease obligation		252,604
Postretirement medical benefits payable		7,983,283
TOTAL LIABILITIES		29,917,362
Net assets		
Unrestricted		
General undesignated		5,428,414
The John D. Rockefeller 3rd Memorial Fund and others		85,264,578
SUBTOTAL UNRESTRICTED		90,692,992
Restricted		
Temporarily restricted		13,228,021
Permanently restricted		5,485,776
TOTAL NET ASSETS		109,406,789
TOTAL LIABILITIES AND NET ASSETS	\$	139,324,151

A copy of the audited financial statements, prepared in accordance with U.S. generally accepted accounting principles, is available upon request from Population Council, One Dag Hammarskjöld Plaza, New York, New York 10017, and can be accessed online at popcouncil.org.

SOURCES OF SUPPORT

The Population Council is grateful to each of our donors, whose generosity makes our work possible. Funding for the Population Council's work was generously provided by government agencies, multilateral organizations, foundations, corporations, and individuals. We value our longstanding relationships with many of these donors and welcome the support from new ones. Their commitment allows the Council to deliver solutions to critical health and development challenges and improve lives.

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– Ministry of Foreign Affairs of Denmark
Government of Kenya
– Ministry of Health
Government of the Netherlands
– Embassy of the Kingdom of the Netherlands

Government of Norway
– Norwegian Agency for Development Cooperation (NORAD)

Government of Sweden
– Swedish International Development Cooperation Agency (SIDA)
– Swedish Ministry for Foreign Affairs

Government of the United Kingdom
– Department for International Development (DFID)

Government of the United States
– Agency for International Development (USAID)
– Centers for Disease Control and Prevention (CDC)
– National Institutes of Health (NIH)
Municipality of Guatemala City

→ MULTILATERAL ORGANIZATIONS

Global Network of People Living with HIV/AIDS (GNP+)
International Consortium for Emergency Contraception (ICEC)
Joint United Nations Programme on HIV/AIDS (UNAIDS)

United Nations Children's Fund (UNICEF)
United Nations Foundation (UNF)
United Nations Population Fund (UNFPA)
UN Women
World Bank Group
World Health Organization (WHO)

→ FOUNDATIONS/ CORPORATIONS/ OTHER NONGOVERNMENTAL ORGANIZATIONS

AIDS Foundation of Chicago (AFC)
Albert Einstein College of Medicine (AECOM)
Anonymous
Bayer Schering Pharma AG
Better World Fund
The Fred H. Bixby Foundation
Columbia University Medical Center
Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH
The William H. Donner Foundation
Elton John AIDS Foundation
EngenderHealth
Equality Now
FHI 360
The Ford Foundation
H. B. Fuller Foundation
Futures Group International, LLC
Futures Institute
The Bill & Melinda Gates Foundation
Girl Hub

Global Development Network (GDN)
Guttmacher Institute
Harvard School of Public Health
Health Decisions
The William and Flora Hewlett Foundation
HRA Pharma
Human Dignity Foundation
Fred Hutchinson Cancer Research Center
Institute of Educational Development, BRAC University (IED-BRACU)
Institute of International Education
icddr,b
International Development Research Centre (IDRC)
International Food Policy Research Institute (IFPRI)
International HIV/AIDS Alliance
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The David & Lucile Packard Foundation
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The Population Council confronts critical health and development issues—from stopping the spread of HIV to improving reproductive health and ensuring that young people lead full and productive lives. Through biomedical, social science, and public health research in 50 countries, we work with our partners to deliver solutions that lead to more effective policies, programs, and technologies that improve lives around the world. Established in 1952 and headquartered in New York, the Council is a nongovernmental, nonprofit organization governed by an international board of trustees.

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The pages that follow present lists of the Population Council's advisory and collaborative bodies, partners, and fellows.



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INSTITUTIONAL REVIEW BOARD

Policymakers, program managers, and others concerned with population, reproductive health, and development turn to the Population Council for its rigorous research results that improve people's lives.

In its research, the Population Council aspires to the highest professional and ethical standards and has earned a worldwide reputation for excellence and integrity.

The Council requires that all studies (unless exempt) involving human subjects be reviewed by its Institutional Review Board (IRB) before research is initiated. The purpose of this review is to ensure that appropriate steps are taken to protect the rights and welfare of the individuals who participate as subjects in a study.

All Council investigators involved in studies that are reviewed by its IRB must provide proof of completion of a recent, approved ethical training course.

The Council's IRB has 13 members, whose expertise includes bioethics, biomedical engineering, demography, health care, HIV and AIDS, international relations, law, obstetrics/gynecology, physiology, public policy, regulatory affairs, and social psychology. It meets six times per year.

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INTERNATIONAL COMMITTEE FOR CONTRACEPTION RESEARCH

The International Committee for Contraception Research (ICCR), established by the Population Council in 1970, is a network of distinguished scientists and clinical investigators whose goal is to improve female and male reproductive and sexual health worldwide through the development of new concepts of contraception and reproductive medicine and the widespread application of contraceptive technologies.

The members advise the Council on new research areas and conduct clinical trials to test the safety, efficacy, and acceptability of Council-developed products.

Members of the ICCR and their staffs at cooperating universities and clinics work closely with staff at the Population Council's Center for Biomedical Research in design of delivery systems, prototypes, and clinical protocols for products under development. The clinics are selected for their commitment to reproductive health care and their expertise in the conduct of clinical trials involving contraceptive products.

The ICCR collaborates with Population Council staff members and with researchers at the World Health Organization, Family Health International, the National Institutes of Health, and the National Research Councils of the various countries in which ICCR members reside.

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The Population Council collaborates with government agencies, universities, hospitals, research centers, nongovernmental and faith-based organizations, corporations, multilateral groups, and individuals in both developing and developed countries.

The following is a list of 2013 awards and contracts made by the Population Council. Collaboration with these partners and many others is a primary means through which the Council conducts research, implements programs, transfers technology, and strengthens institutional capacity.

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Young Women's Christian Association of Benin, Cotonou

Burkina Faso

Association d'Appui et d'Eveil Pugsada, Ouagadougou

Association KASABATI, Ouagadougou

Association Munyu es Femmes de la Comme, Banfora

Association SOS Jeunesse et Defis, Ouagadougou

Association TIE, Bobo-Dioulasso

Convention pour la Culture de la Paix, Ouagadougou

Young Women's Christian Association of Burkina Faso, Ouagadougou

Egypt

Assiut University, Assiut

Central Agency for Mobilization and Statistics, Cairo

Family and Environment Development Association, Qena

Foundation for Enlightenment on Development, Fayoum

Women's Association for Health Improvement, Sohag

Ethiopia

Hiwot Ethiopia, Addis Ababa

Organization for Prevention, Rehabilitation and Integration of Female Street Children, Addis Ababa

Ghana

Ghana Health Service, Ashanti Region

- Offinso Municipal District
- Offinso North District
- Sekyere Afram Plains District
- Mampong Municipal District
- Ejura Sekyeredumase District
- Ahafo Ano North District
- Ahafo Ano South District
- Bosomtwe Municipal District
- Bosome Freho District
- Asante Akim South District

- Kwabre East District
- Sekyere Central District
- Sekyere South District
- Kumasi Metro District
- Amansie Central District
- Atwima Kwanwoma District
- Atwima Nwabiagya District
- Adansi South District
- Sekyere East District
- Ejisu-Juaben Municipal District
- Afigya Kwabre District

Ghana Health Service, Eastern Region

- Lower Manya Krobo District
- Yilo krobo District
- East Akim District
- Suhum Kraboa Coalatar District
- Fanteakwa District
- Kwahu East District
- Kwahu West District
- Kwahu North District
- Kwahu South District
- Akyemansa District
- Asuogyaman District
- Atiwa District
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Kenya

African Population and Health Research Center, Nairobi
 Federation of Women Lawyers–Kenya, Nairobi
 Integrated Education for Community Empowerment, Nairobi
 KMET, Kisumu
 Liverpool VCT Care and Treatment, Nairobi
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Malawi

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Nigeria

Population and Reproductive Health Initiative, Shika-Zaria



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Population Council fellowships have helped advance the careers of social and biomedical scientists, public health researchers, and program managers throughout the world. In addition, a generous \$5 million grant from The Fred H. Bixby Foundation enables the Council to offer fellowships to young professionals, primarily from developing countries, in preparation for leadership in the fields of population, health, and development. The following is a list of 2013 Population Council fellows.

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Fellows conduct research at the Center for Biomedical Research. Institutions listed are those with which fellows were affiliated before joining the Council.

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FRED H. BIXBY FELLOWSHIP PROGRAM

The Fred H. Bixby Fellowship Program offers expanded training opportunities for early-career population specialists and biomedical researchers from developing countries. Bixby fellows work with experienced mentors in the Population Council's network of offices, across the three program divisions.

Africa

Côte d'Ivoire

Louise Outtara. Impact of zinc in the mucosa during vaginal HIV/SIV transmission (Population Council, Center for Biomedical Research)

Egypt

Irene Selwaness. Study youth transition to adulthood, job quality and access to social protection in Egypt (Population Council, Cairo)

Ghana

Pearl Kyei. Analyze longitudinal data from the Malawi Schooling and Adolescents Survey (MSAS) (Population Council, New York)

Deladem Kusi-Appouh. To collaborate on the Safe Spaces, Financial Education and Savings for Adolescent Girls Program (Population Council, Zambia)

Kenya

Sam Wangila Wafula, To participate in the implementation and assessment of the RH Voucher program and Baby Monitor Project (Population Council, Kenya)

Eliud Wekesa, To study SRH-HIV integration and the health of slum populations, PLWHA and youth/adolescents, as well as to be involved in the "STEP UP" program to translate research to policy by communicating and disseminating research findings to key stakeholders (Population Council, Kenya)

Malawi

Grace Kumchulesi, Analyze longitudinal data from the Malawi Schooling and Adolescents Survey (MSAS) (Population Council, New York)

The Americas

Brazil

Weber Beringui Feitosa. Role of post-translational changes in the sperm proteome (Population Council, Center for Biomedical Research)

Asia

Bangladesh

Huraera Jabeen. Study adaptation to climate change and the roles of assets, gender dynamics and the built environment among the urban poor (Population Council, New York)

India

Aparajita Dasgupta. Conduct an evaluation of the National Rural Health Mission as a social safety net for young children in India (Population Council, New Delhi)